

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN

DANIEL LYNN BARRETT,

Plaintiff(s),

v.

SHELLY, et al,

Defendant(s).

Case No. 23-11609

Judge Laurie J. Michelson

Magistrate Judge Curtis Ivy, Jr.

ACKNOWLEDGMENT OF RECEIPT OF DOCUMENTS

The following documents were delivered to the United States Marshals for service of process:

- 1) Order Directing Service/Reservice dated 8/2/2023;
- 2) USM 285 and Summons form(s);
- 3) 3 copy(ies) of Complaint.

Date: August 17, 2023

s/Julie Owens
Deputy Clerk

ACKNOWLEDGMENT

AUG 30 2023
Date: _____

UNITED STATES MARSHAL SERVICE

Kelly Honoy
Signature or Stamp

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

| | | |
|--|--|---|
| PLAINTIFF Daniel Lynn Barrett | | COURT CASE NUMBER 23-cv-11609 |
| DEFENDANT Deputy Austin Warren (Shiawassee) | | TYPE OF PROCESS Summons & Complaint |
| NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN | | |
| SERVE AT | Austin Barrett ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 119 E. John St. Durand MI. 48429 | |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW | | Number of process to be served with this Form 285 1 Number of parties to be served in this case 3 Check for service on U.S.A. |
| Daniel Barrett 1310 Carr St. OWosso mi. 48867 | | |
| SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): | | |

| | | | |
|--|---|---------------------------------------|------------------------|
| Signature of Attorney other Originator requesting service on behalf of: Kell Busby POA | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER 9892513015 | DATE 8/14/23 |
|--|---|---------------------------------------|------------------------|

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

| | | | | | |
|--|---------------------------|--------------------------------------|-------------------------------------|--|--|
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) | Total Process 3 | District of Origin No. 039 | District to Serve No. 039 | Signature of Authorized USMS Deputy or Clerk Kelly Honoy | Date AUG 30 2023 |
| I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. | | | | | |
| <input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) | | | | | |
| Name and title of individual served (if not shown above) | | | | Date | Time <input type="checkbox"/> am <input type="checkbox"/> pm |
| Address (complete only different than shown above) | | | | Signature of U.S. Marshal or Deputy | |

Costs shown on attached USMS Cost Sheet >>

REMARKS

tracking #: 9689-0710-5270-0231-9468-01

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

| | | |
|--|---|---|
| PLAINTIFF Daniel Lynn Barrett | | COURT CASE NUMBER 23-cv-11609 |
| DEFENDANT Deputy Lauren Shelly (Shiawassee) | | TYPE OF PROCESS Summons & Complaint |
| NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN | | |
| SERVE AT | Lauren Shelly | |
| | ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1228 N. Shiawassee Owosso, MI. 48867 | |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Daniel Barrett 1310 Carr St. Owosso, MI. 48867 | | Number of process to be served with this Form 285 1 Number of parties to be served in this case 3 Check for service on U.S.A. |
| SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): | | |

| | | | |
|--|---|---|------------------------|
| Signature of Attorney other Originator requesting service on behalf of: John D. B.S. POA | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER 989 251 3015 | DATE 8/14/23 |
|--|---|---|------------------------|

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

| | | | | | |
|--|---------------------------|--------------------------------------|-------------------------------------|---|--|
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) | Total Process 3 | District of Origin No. 139 | District to Serve No. 139 | Signature of Authorized USMS Deputy or Clerk Kelly Phoney | Date AUG 30 2023 |
| I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. | | | | | |
| <input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) | | | | | |
| Name and title of individual served (if not shown above) | | | | Date | Time <input type="checkbox"/> am <input type="checkbox"/> pm |
| Address (complete only different than shown above) | | | | Signature of U.S. Marshal or Deputy | |

Costs shown on attached USMS Cost Sheet >>

REMARKS

tracking # : 9589-0710-5270-0231-9458-32